

# Admission Form

## California Outcomes Measurements System Cal OMS

Form Serial Number

County                      Facility

1. Provider ID Number

2. Providers Participant ID

3. Date of Admission      Month      Date      Year  
           

4. Reporting Unit

5. Transaction Type   
1 = Initial Admission    2 = Transfer of Change in Services

6. Type of Service (below)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <u>Non Residential Outpatient</u> | <u>Residential Inpatient</u>       |
| 1. Treatment Recovery             | 4. Detoxification – Hospital       |
| 2. Day Program – Intensive        | 5. Detoxification – Non Hospital   |
| 3. Detoxification                 | 6. Treatment Recovery <, = 30 days |
|                                   | 7. Treatment Recovery =, > 31 days |

7. Employment Status

- CODE**
1. Employed full time—35 hours or more per week
  2. Employed part time—less than 35 hours per week
  3. Unemployed—actively seeking employment
  4. Unemployed—not in labor force—not seeking employment
  5. Not in labor force – not seeking employment

8. Highest Grade Completed   
(00–30) GED=12    90=Declined to state    94=Unable to answer

9. Principle Source of Referral

- CODE**
- |                                |                                     |
|--------------------------------|-------------------------------------|
| 01. Individual (Self Referral) | 08. SACPA / Parole                  |
| 02. Alcohol / Drug Program     | 09. DUI / DWI                       |
| 03. Health Care Provider (PCP) | 10. Drug Court Partnership          |
| 04. School – Education         | 11. Comp. Drug Court Implementation |
| 05. Employer / EAP             | 12. Non SACPA Court / Crim Justice  |
| 06. 12 Step / Mutual Aid       | 13. Other Community Referral        |
| 07. SACPA Court / Probation    | 14. Dependency Court / CPS          |

10. Is this person currently pregnant?   
01 = Yes    02 = No    91 = Not Sure / Don't Know

11. Criminal Justice Status

- CODE**
- |   |   |
|---|---|
| 01. Not Applicable  | 05. Admitted under diversion from any Court |
| 02. Parole/Supervision by CDC                             | 06. Incarcerated                            |
| 03. On Parole any other jurisdiction                      | 07. Awaiting trial, charges, or sentencing  |
| 04. On Probation any Federal, State or Local jurisdiction | 94. Unable to answer                        |

12. Disability Impairment (Enter codes for up to three impairments.)  
1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>

- CODE**
- |             |                     |                              |
|-------------|---------------------|------------------------------|
| 01. None    | 05. Mobility        | 90. Client declines to state |
| 02. Visual  | 06. Mental          | 94. Client unable to answer  |
| 03. Hearing | 07. Dev. Disabled   |                              |
| 04. Speech  | 08. Other (Not AOD) |                              |

13. Signed consent on file?    01 = Yes    02 = No   

14. What is the code of the County paying for the services/for which the services are being delivered?    (01 – 58)    92 = None or N/A   

(USE A BALL POINT PEN)

15. What is the special services contract ID number under which the services were performed? (0000–9999)    99902=None or N/A   

16. Days on wait list before admission.   
(00 – 900)    91=Not sure/don't know    94=Unable to answer

17. Medication prescribed as part of treatment.   
**CODE**  
01. None                      04. Buprenorphine (Subutex)  
02. Methadone            05. Buprenorphine (Suboxone)  
03. LAAM                    93. Other

18. Prior episodes in any drug or alcohol treatment program   
(00–89)                      90=Declined to state  
91=Not Sure/Don't Know    94=Unable to answer

Alcohol & Drug Codes For Question 19 Below:

- |                          |                                    |
|--------------------------|------------------------------------|
| 00. None                 | *12. Tranquilizers Benzodiazepines |
| 01. Heroin               | *13. Other Tranquilizers           |
| 02. Alcohol              | 14. Non-Prescription Methadone     |
| *03. Barbiturates        | 15. OxyContin                      |
| *04. Sedative/Hypnotics  | *16. Other Opiates / Synthetics    |
| 05. Methamphetamine      | *17. Inhalants                     |
| *06. Other Amphetamines  | *18. Over-The-Counter Drugs        |
| *07. Other Stimulants    | 19. Ecstasy                        |
| 08. Cocaine / Crack      | *20. Other Club Drugs              |
| 09. Marijuana / Hashish  | 91. Unknown/Not Sure/Don't Know    |
| 10. PCP                  | *93. Other                         |
| *11. Other Hallucinogens |                                    |

If primary drug code is an \* item, please write in drug name below

**Primary \*:** \_\_\_\_\_

If secondary drug code is an \* item, please write in drug name below.

**Secondary \*:** \_\_\_\_\_

Usual Route of Administration Question 20 Below

- CODE**
- |                |                                     |
|----------------|-------------------------------------|
| 01. Oral       | 04. Injection – IV or Intramuscular |
| 02. Smoking    | 92. None or N/A                     |
| 03. Inhalation | 93. Other                           |

**Primary age of first use:** must be at least 5 years of age

19. Alcohol / Drug Problem.      Primary      Secondary  
     

20. Usual Route of Administration.           

21. Total days of use in past 30 days.   
(00 – 30)    or    92=None or N/A

22. Age of client's first use.           

23. Has participant used needles during the past 12 months?    01=Yes    02=No    94=Unable to answer   

24. If primary & secondary issues are not alcohol, how many days in the past 30 days has alcohol been used?    (00 – 30)    92=None or N/A   



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<p>25. How many days were injectable substances used in last 30 days? <span style="float: right;">□□</span>          (00-30) 90=Declined to state 94=Unable to answer</p> <p>26. How many days were paid work days in the past 30 days? <span style="float: right;">□□</span>          (00-30) 90=Declined to state 94=Unable to answer</p> <p>27. Currently enrolled in school? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p> <p>28. Currently enrolled in job training? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p> <p>29. CDC Identification Number <span style="float: right;">□□□□□□</span>          90=Declined to state 91=Not Sure / Don't Know          92=None or N/A 94=Unable to answer</p> <p>30. Number of times arrested in past 30 days. <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>31. Number of days in jail past 30 days. <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>32. Number of days in prison past 30 days. <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>33. Participant is in Parolee Services Network PSN. <span style="float: right;">□□</span>          01 = Yes 02 = No 94 = Unable to answer</p> <p>34. Participant is a FOTP Parolee <span style="float: right;">□□</span>          01 = Yes 02 = No 94 = Unable to answer</p> <p>35. If FOTP Parolee – what is priority status? <span style="float: right;">□□</span>          01. Completed "Forever Free" and released/enrolled in treatment program          02. Woman parolee from C I W          03. Completed "Forever Free" and directly to FOTP Program          92. None or N/A 94. Client unable to answer</p> <p>36. Eligible for Medi-Cal? <span style="float: right;">□□</span>          01=Yes 02=No 94 = Unable to answer</p> <p>37. Number of times visited E.R. for physical / medical problems in past 30 days. <span style="float: right;">□□</span>          (00-90) 94 = Unable to answer</p> <p>38. Number of days stayed in hospital overnight for physical/health problems in past 30 days. <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>39. Number of days participant experienced physical health problems in past 30 days. <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>40. Ever diagnosed with tuberculosis? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p> <p>41. Ever diagnosed with hepatitis C? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p> <p>42. Ever been diagnosed with a sexually transmitted disease? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p> <p>43. Ever been tested for HIV / AIDS? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p>	<p>44. Has results for an HIV / AIDS test? <span style="float: right;">□□</span>          01=Yes 02=No 90=Declined to state 94=Unable to answer</p> <p>45. Ever been diagnosed with a mental illness? <span style="float: right;">□□</span>          01 = Yes 02 = No 91 = Don't know / Not sure</p> <p>46. Number of times in past 30 days participant received emergency outpatient mental health needs. (00-90) 94 = Unable to answer <span style="float: right;">□□</span></p> <p>47. Number of days in past 30 days participant stayed in a psychiatric inpatient hospital/facility. <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>48. In the past 30 days participant has taken medications for mental health needs. <span style="float: right;">□□</span>          01 = Yes 02 = No 94 = Unable to answer</p> <p>49. How many days in the past 30 days participant attended social support recovery program: (00-30) <span style="float: right;">□□</span>  <b>Any of the Following:</b>          12-Step Program          Other Self Help Meetings          Religious / Faith or Self-Help Meetings          Attended Meeting Other Than Those Above          Interactions with Family or Friend in Support of Recovery</p> <p>50. Current living arrangement. <span style="float: right;">□□</span>          01. Homeless 02. Dependent          03. Independent Living Arrangement</p> <p>51. Number of days participant resided with person(s) who use drugs or alcohol. <span style="float: right;">□□</span>          (00-30) 90=Declined to state 94=Unable to answer</p> <p>52. Days in past 30 days experienced serious conflict with family members. <span style="float: right;">□□</span>          (00-30) 90=Declined to state 94=Unable to answer</p> <p>53. Number of children age 17 or less (birth or adopted) (living with participant or not). <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>54. Number of children age 5 or less (birth or adopted) (living with participant or not). <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>55. Number of children living with someone else due to child protection court order/ <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>56. How many children living with someone were due to parental rights of participant being terminated? <span style="float: right;">□□</span>          (00-30) 94 = Unable to answer</p> <p>57. Participant is a Cal-WORKs substance abuse treatment client under Welfare-to-Work Program. <span style="float: right;">□□</span>          01 = Yes 02 = No 91 = Not sure / Don't know</p> <p>58. Participant is a Cal-WORKs recipient. <span style="float: right;">□□</span>          01 = Yes 02 = No 91 = Not sure / Don't know</p>
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